

Fill in this information to identify your case:

Debtor 1 Connect A Care Network LLC First Name Middle Name Last Name
Debtor 2 Bennie R. Hearst Pettway First Name Middle Name Last Name
(Spouse, if filing)
United States Bankruptcy Court for the: Eastern District of Pennsylvania
Case number 23-13550-amc (if known)



☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:

Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
-----------	----------------------------	-----------	----------------------------

<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>12 3rd Street</u>	<u>140 Schoolview Lane</u>
Number Street	Number Street
From <u>11/01/2019</u>	From <u>08/08/2018</u>
To <u>03/10/2021</u>	To <u>06/13/2023</u>

<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>Oxford</u>	<u>Oxford</u>
City	City
<u>PA</u>	<u>PA</u>
<u>19363</u>	<u>19363</u>
State ZIP Code	State ZIP Code

<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>1542 Haines Street</u>	<u>12 Pleasant Valley Road</u>
Number Street	Number Street
From <u>08/11/2023</u>	From <u>06/14/2023</u>
To <u>01/01/2024</u>	To <u>10/10/2023</u>

<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>Philadelphia</u>	<u>Ephrata</u>
City	City
<u>PA</u>	<u>PA</u>
<u>19126</u>	<u>17522</u>
State ZIP Code	State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2:

Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of Income	Gross Income	Sources of Income	Gross Income
Check all that apply	(before deductions and exclusions)	Check all that apply	(before deductions and exclusions)
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
From January 1 of current year until the date you filed for bankruptcy:			
For last calendar year:		For last calendar year:	
(January 1 to December 31, _____)	<input type="checkbox"/> Wages, commissions, bonuses, tips	(January 1 to December 31, _____)	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business
For the calendar year before that:		For the calendar year before that:	
(January 1 to December 31, _____)	<input type="checkbox"/> Wages, commissions, bonuses, tips	(January 1 to December 31, _____)	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☒ No

☐ Yes. Fill in the details.

	Debtor 1	Debtor 2	
Sources of Income	Gross Income from	Sources of Income	Gross Income from
Describe below.	each source	Describe below.	each source
	(before deductions and exclusions)		(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:			
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
For last calendar year:			
(January 1 to December 31, _____)	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
For the calendar year before that:			
(January 1 to December 31, _____)	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

Debtor 1
Connect A Care Network LLC
First Name _____ Middle Name _____ Last Name _____
Case number (if known) 23-13550-amc

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☒ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☐ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

Debtor 1

Connect A Care Network LLC

First Name Middle Name Last Name

Case number (if known) 23-13550-amc

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			
Insider's Name	\$ _____	\$ _____	
Number Street			
City State ZIP Code			

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Mortgage		
Case title Foreclosure	Court Name Phila Common Pleas	<input type="checkbox"/> Pending
Lima One Capital LLC	1400 JFK Blvd	<input checked="" type="checkbox"/> On appeal
Case number 200801727	Number Street Philadelphia	<input type="checkbox"/> Concluded
	City State ZIP Code PA 19107	
Rents, Ejectment		
Case title Ejectment	Court Name Phila Common Pleas	<input type="checkbox"/> Pending
HOF I REO 5 Inc	1400 JFK Blvd	<input checked="" type="checkbox"/> On appeal
Case number 230402868	Number Street Philadelphia	<input type="checkbox"/> Concluded
	City State ZIP Code pa 19107	

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☐ No. Go to line 11.

☒ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
	1542 Haines Street		
Creditor's Name Lima One Capital LLC		04/20/2023	\$ 213,400.00
Number Street 201 East McBee Avenue	Explain what happened		
	<input type="checkbox"/> Property was repossessed.		
	<input checked="" type="checkbox"/> Property was foreclosed.		
	<input type="checkbox"/> Property was garnished.		
	<input type="checkbox"/> Property was attached, seized, or levied.		
City State ZIP Code Philadelphia PA 29601	Describe the property	Date	Value of the property
Creditor's Name			
Number Street	Explain what happened		
	<input type="checkbox"/> Property was repossessed.		
	<input type="checkbox"/> Property was foreclosed.		
	<input type="checkbox"/> Property was garnished.		
	<input type="checkbox"/> Property was attached, seized, or levied.		
City State ZIP Code			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No
☐ Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number Street			\$ _____
City State ZIP Code	Last 4 digits of account number: XXXX-____-____-____		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
Number Street			
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1 Connect A Care Network LLC Case number (if known) 23-13550-amc
First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Date you
contributed

Value

Charity's Name

\$ _____

Number Street

\$ _____

City State ZIP Code

Part 6:
List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, or disaster, or gambling?

☐ No
☒ Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Date of your
loss

Value of property
lost

Foreclosure Sheriff Sale

None

09/13/2022

\$ 342,000.00

Part 7:
List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

☐ No
☒ Yes. Fill in the details.

Rochelle Bilal

Person Who Was Paid

Description and value of any property transferred

Date payment or
transfer was
made

Amount of payment

100 S. Broad Street

Number Street

Revoked Power of Attorney with Fein, Such,
Kahn and Shepard, P.C., Vincent DiMajo, Jr.,
Lima One Capital LLC, Jeff Tennyson, HOF I
REO 5 Inc., Kevin Holliday, Philadelphia Sheriffs
Office, Rochelle Bilal, and HOF 5 Trust - Mark
Andrew Cronin; Refused to Cease and Desist
and have committed Identity Theft, Anti-trust
Violations. They have no authority and have
continued to do what they are doing. (see Deed
Fraud Report) - Redemption date violation.

09/13/2022

\$ 51,000.00

Philadelphia

City

PA

State

19110

ZIP Code

Email or website address

HOF I REO 5 Inc

Person Who Made the Payment, if Not You

Debtor 1 Connect A Care Network LLC

First Name _____ Middle Name _____ Last Name _____

Case number (if known) 23-13550-amc

Rochelle Bilal
Person Who Was Paid
100 S. Broad Street
Number Street
Philadelphia PA
City State ZIP Code
Email or website address
Lima One Capital LLC
Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Fraudulent Conveyance - Connect A Care Network LLC Never owned the property (see Deed Fraud Report) Illegal per Se Foreclosure Judgment. Flip n Fix Non-recourse Loan never received. Never applied for a Mortgage.	04/26/2019	\$ 217,000.00
		\$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

☒ No
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		\$
Number Street		\$
		\$
City State ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

☒ No
☐ Yes. Fill in the details.

Description and value of property transferred	Date transfer was made
Person Who Received Transfer	
Number Street	
City State ZIP Code	
Person's relationship to you	
Person Who Received Transfer	
Number Street	
City State ZIP Code	
Person's relationship to you	

Debtor 1 Connect A Care Network LLC Case number (if known) 23-13550-amc
First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Number Street _____ City State ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ **No**
☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?
☐ No
☐ Yes

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City/State ZIP Code

Part 9:**Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ **No**
☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

Number Street

\$ _____

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Part 10:**Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ **No**
☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

City State ZIP Code

Debtor 1 Connect A Care Network LLC Case number (if known) 23-13550-amc
First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City

City

State ZIP Code

City

State ZIP Code

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Court or agency

Nature of the case

Status of the case

Case title

Court Name

Number Street

Case number

City

State ZIP Code

☐ Pending

☐ On appeal

☐ Concluded

Part 11:

Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business

Employer identification number
Do not include Social Security number or ITIN.

Connect A Care Network LLC

Business Name

1542 Haines Street

Number Street

Health Care Management

Name of accountant or bookkeeper

EIN: 4 2 3 2 6 6 3 9

Dates business existed

Philadelphia PA 19126

City

State

ZIP Code

Donald S. Bicking & Associates

Describe the nature of the business

Employer identification number
Do not include Social Security number or ITIN.

Business Name

Number Street

Name of accountant or bookkeeper

EIN: _____

Dates business existed

City

State

ZIP Code

From _____ To _____

Debtor 1 Connect A Care Network LLC Case number (if known) 23-13550-amc
First Name Middle Name Last Name

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	EIN: _____
City State ZIP Code	Dates business existed From _____ To _____	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Date issued

Name _____ MM / DD / YYYY
Number Street _____
City State ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Debra J. Ward Petty *Debra J. Ward Petty*
Signature of Debtor 1 Member Signature of Debtor 2

Date _____

Date 1/2/2024

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).



0013549903



COMMONWEALTH OF PENNSYLVANIA
Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722
Harrisburg, Pennsylvania 17105-8722
CHANGE OF REGISTERED OFFICE
Fee: \$5

Pennsylvania Department of State
-FILED-
Amendment #: 0013549903
Date Filed: 8/11/2023

DSCB: 15-1507/5507/8625/8825

In compliance with the requirements of 15 Pa.C.S. § 1507 / 5507 / 8625 / 8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

Record Information

File number

0004223880

Current name

Connect A Care Network LLC

Filing type

Domestic Limited Liability Company

Current Registered Office or Commercial Registered Office Provider

Address

4919 Knox Street
Philadelphia, PA 19144

Philadelphia

New Registered Office

The address of this association's proposed registered office in this Commonwealth is

BENNIE PETTWAY, OFFICE MANAGER
1542 HAINES STREET
PHILADELPHIA, PA 19126-2717

PHILADELPHIA

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager.

power of Attorney

Noble Chief, Tiger D Raven-Melchiz El

08/11/2023

Signer's Capacity

Sign Here

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Connect A Care Network LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR
FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS
IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED
AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE
NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS,
PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4223880

BUREAU OF CORPORATION TAXES
PO BOX 280705
HARRISBURG PA 17128-0705



NOTICE OF CORPORATE REGISTRATION

CONNECT A CARE NETWORK LLC
4919 KNOX ST
PHILADELPHIA PA 19144-3617

REVENUE ID: 1000734211
FEIN: Not Available
NOTICE NUMBER: BU1000368914
MAIL DATE: 11/13/2013
FISCAL YR END: 12/31
INCORPORATION DATE: 10/29/2013

TAXES SUBJECT:

Corporate Net Income
Loans
Capital Stock

Welcome to Pennsylvania's business community. The Department of Revenue has been advised that you are authorized to conduct business in Pennsylvania. The above Revenue ID number has been assigned to your business for tax reporting purposes. Please reference this number on all correspondence with the department.

Carefully review your name, address and tax information above for accuracy. If no federal employer identification number (FEIN) is indicated, please provide this number to the department as soon as it is available from the federal government. Write the FEIN and other changes or additions in the top, right-hand corner above and return this letter to the PA DEPARTMENT OF REVENUE, PO BOX 280705, HARRISBURG PA 17128-0705.

FILING REQUIREMENTS

The taxes you are required to report annually are identified above. Tax reports must be filed timely, even if there is no business activity or if the first year in business is less than 12 months. You are obligated to pay timely and file tax returns until you formally dissolve your corporate charter, file an out of existence affidavit or cancel a license or authorization. Failure to file and pay timely may result in penalties and liens. For information on tax due dates, visit the department's website at www.revenue.state.pa.us.

Pay particular attention to the month your fiscal year ends, identified above, for the following reasons:

- For capital stock/foreign franchise, corporate net income and mutual thrift taxes, the first quarterly estimated payments are due within 75 days following the incorporation/authority date.
- A federal subchapter S corporation desiring not to be taxed as a PA S corporation is required to file Form REV-976 on or before the due date or extended due date of the first tax period for which it is to be in effect. REV-976 is available at www.revenue.state.pa.us.

SUBJECTIVITY TO CORPORATE TAXES FOR LIMITED LIABILITY COMPANIES AND BUSINESS TRUSTS

- According to Section 601 of the Tax Reform Code, limited liability companies and business trusts are considered corporations for purposes of capital stock/foreign franchise tax, regardless of how they file with the Internal Revenue Service (IRS).
- Under Section 401, any entity that files as a corporation with the IRS is subject to PA corporate net income tax. A limited liability company or business trust that does not file as a corporation with the IRS is not subject to the PA corporate net income tax.

ELECTRONIC FILING

Payments of \$10,000 or more must be remitted electronically. Register online through the department's e-Services Center at www.revenue.state.pa.us to send tax payments to the department online using e-TIDES.

The Department of Revenue appreciates your cooperation and wishes your business success in Pennsylvania. If you have any questions, visit the Online Customer Service Center at www.revenue.state.pa.us or call the Taxpayer Service & Information Center at 717-787-1064.



PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)

Name Rocket Lawyer			
Address 5668 E. 61st Street			
City Commerce	State CA	Zip Code 90040	



T1330411126

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, *i.e.*, "company", "limited" or "limited liability company" or abbreviation):
Connect A Care Network LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street 4919 Knox Street	City Philadelphia	State PA	Zip 19144	County PHILADELPHIA
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(b) Name of Commercial Registered Office Provider
c/o:

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name yoochul chong	Address 5668 E. 61st Street Commerce CA 90040
-----------------------	--

2013 OCT 29 PM 2: 37
PA DEPT OF STATE

**STATEMENT OF DESIGNATION OF
THE ORIGINAL MEMBERS
OF
CONNECT A CARE NETWORK LLC
A(N) PENNSYLVANIA LIMITED LIABILITY COMPANY**

The undersigned, being the organizer of Connect A Care Network LLC, a(n) Pennsylvania limited liability company (the "Company"), and acting pursuant to the provisions of the applicable Pennsylvania law authorizing the organizer to elect the member(s) if the initial member(s) have not been named in the Articles of Organization (the "Articles"), hereby takes the following action and adopts the following resolutions:

APPOINTMENT OF INITIAL MEMBER(S)

RESOLVED, that the following individuals be, and they hereby are, appointed as the members of the Company, effective as of the date hereof:

Bennie Pettway
Chevowne Pettway
Roshani Pettway

RESIGNATION OF ORGANIZER

RESOLVED, that the undersigned, having appointed the initial member(s) of the Company, hereby resigns as the Organizer of the Company, effective as of the date hereof.

IN WITNESS WHEREOF, the undersigned has executed this Action by Organizer of the Company effective as of the 14th day of November 2013.



Yoochul Ckong, Organizer

Signature: Chevowne L. Pettway
Email: pchevowne@yahoo.com

Signature: Bennie Pettway
Email: benniepettway@yahoo.com

DSCB:15-8913-2

4. ~~Strike out if inapplicable term~~
~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. ~~Strike out if inapplicable:~~
~~Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is: _____
month day year hour, if any

7. ~~Strike out if inapplicable: The company is a restricted professional company organized to render the following~~
~~restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this

25 day of October 2013.

Signature

Signature

Signature

IRONWOOD

Funding Application
Fax to 361-245-5140 or Email to jarret@ironwoodfinance.com

CREATING CREDIT • EQUIPMENT • THE NON-BANK ALTERNATIVE

800 N. Shoreline Blvd. Suite 2460, Corpus Christi, TX 78401 | (361) 384-4304

Business Information

Please include last 4 months of Business Bank Statements and if applicable last 4 Merchant Processing Statements

Business Legal Name: CONNECT A CARE NETWORK, LLC		Business DBA: THE CONNECTIONS GROUP, INC.	
Business Start Date: JANUARY 2012	State of Incorporation: PA	Type of Entity: <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	Partnership <input type="checkbox"/>
Federal Tax ID: 42366639		Business Description: HOME HEALTHCARE AGENCY	
Physical Address (no PO Boxes) 7934 GERMANTOWN AVENUE City: PHILADELPHIA State: PA Zip: 19118		Location is: <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Rented Amount Monthly \$	
Location Phone: 215-991-1719		Landlord Name: Bowman Properties	
Preferred Contact Phone: 267-978-3046		Landlord Phone #: 267-893-0354	
Business Fax: NA-		Your Business Email: connectacare.network13@gmail.com	

Business Cash Flow

Annual Business Revenue: \$	1,008,000	Average Daily Bank Balance: \$	84,000	Requested Loan Amount: \$	100,000
Do You Process Credit Cards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name Of Processor:		Monthly Volume:	

Owner Officer 1

Ownership%			
Last Name: PETTWAY	First Name: BENNIE	S.S.# 046-54-8298	Date of Birth: 12/14/1962
Home Phone: 267-10-467-1111	Cell Phone: 267-721-5351	Email: benniepettway@yahoo.com	

Home Address:
2140 SCHOOLVIEW LANE
City: OXFORD State: PA Zip: 19363

Owner Officer 2 (if necessary)

Ownership%			
Last Name: NA-	First Name:	S.S.#	Date of Birth:
Home Phone:	Cell Phone:	Email:	
Home Address:	City:	State:	Zip:

Current Cash Advance Balance(s)

Company	Balance	Daily Payment
1. NA-		
2.		
3.		

I hereby authorize the release of business and/or personal credit information to Ironwood Finance, its affiliates or assigns (1) from any source including credit bureau reporting agencies and my bank for the purpose of extending credit (2) and to any credit reporting agency. Additionally I hereby authorize the release of my application without notice, to any other non-related potential lending sources for consideration of approval of credit. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original.

Owner Officer 1 Signature

Date

Owner Officer 2 Signature

Date



Connect A Care Network LLC

Resolution to File Chapter 11 Bankruptcy

WHEREAS, the Corporation is insolvent and unable to pay its debts as they mature, and

WHEREAS, it would be in the best interests of creditors for the Limited Liability Company to file an involuntary petition under Chapter 11 of the Bankruptcy Code, it is:

RESOLVED, that the Limited Liability Company file as soon as practicable a bankruptcy in accordance with Chapter 11 of the Bankruptcy Code.

The undersigned hereby certifies that he/she is the duly elected and qualified Secretary and the custodian of the books and records and seal of Connect A Care Network LLC, a Limited Liability Company duly formed pursuant to the laws of the state of Pennsylvania and that the foregoing is a true record of a resolution duly adopted at a meeting of the Members and that said meeting was held in accordance with state law and the Bylaws of the above-named Limited Liability Company on December 3, 2023, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the seal of the above-named Limited Liability Company this Sunday, December 3, 2023.



Erika Johnson, Secretary

Form
8879-S**IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

u Return completed Form 8879-S to ERO. (Don't send to IRS.)

u Go to www.irs.gov/Form8879S for the latest information.**2018**Department of the Treasury
Internal Revenue Service

For calendar year 2018, or tax year beginning _____, and ending _____

Name of corporation

Employer identification number

Connect A Care Network**46-3266639****Part I Tax Return Information (Whole dollars only)**

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	1,213,930
2	Gross profit (Form 1120S, line 3)	2	1,213,930
3	Ordinary business income (loss) (Form 1120S, line 21)	3	300,140
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	300,140

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2018 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Donald S. Bickling & Associates, PC to enter my PIN 12345 as my signature on the corporation's 2018 electronically filed income tax return. Don't enter all zeros

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2018 electronically filed income tax return.

Officer's signature u

Bennie R Pettway

Date u 09/16/19

Title u

Owner

Part III Certification and Authentication**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.**20919102267**

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature u

Aaron Belitsky

Date u 09/16/19

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2016)

pennsylvania
DEPARTMENT OF REVENUE

**Pennsylvania E-File Signature Authorization for
PA S Corporation/Partnership Information Return**

PA-8879P (PT) 05-18

(PA-20S/PA-65) - Directory of Corporate Partners (PA-65 Corp)

2018

For calendar year 2018 or tax year beginning

ending

Federal Employer Identification
Number (FEIN)
46-3266639

Name of Entity

Connect A Care Network

Entity Address

4919 Knox Street

City

Philadelphia

State

PA 19144

ZIP Code

PA 19144

Revenue ID

Part I Tax Return Information. Enter whole dollars only.

1. Calculate Adjusted/Appportioned Net Business Income (Loss) (PA-20S/PA-65, Part II, Line 2d)	1.	
2. Calculate Adjusted/Appportioned Net Business Income (Loss) (PA-20S/PA-65, Part II, Line 2h)	2.	
3. Total Other PA PIT Income (Loss) (PA-20S/PA-65, Part III, Line 9)	3.	
4. Total PA Income Tax Withheld (PA-20S/PA-65, Part V, Line 14c)	4.	
5. Total Corporate Net Income Tax Withholding For All Nonfiling Corporate Partners For This Entity (PA-65 Corp, Line 4)	5.	

**Part II Declaration and Signature Authorization of General Partner, Limited Liability Company Member, S Corporation
Officer, Authorized Partner or Representative. Keep a copy of the entity's return.**

Under penalties of perjury, I declare I am a general partner, limited liability company member, S corporation officer, authorized partner or representative of the above entity and I have examined a copy of the entity's 2018 electronic return and accompanying schedules and statements. To the best of my knowledge and belief, all are true, correct and complete. I further declare the amounts in Part I above are the amounts shown on the copy of the entity's electronic return. I consent to allow my electronic return originator (ERO) and/or transmitter to send the entity's return to the PA Department of Revenue and receive from the PA Department of Revenue an acknowledgement of receipt of transmission and an indication of whether or not the entity's return is accepted, and, if rejected, the reason(s) for rejection of the transmission. If applicable, I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal from the account indicated in the tax preparation software for payment of the state withholding liability owed on this return, and I authorize the financial institution to debit the entry to this account. I understand that the federal Office of Foreign Assets Control has imposed additional reporting requirements on all electronic banking transactions that directly involve a financial institution outside of the territorial jurisdiction of the U.S. These transactions are called international ACH transactions (IAT). I understand that presently, the PA Department of Revenue does not support IAT ACH debit transactions. I certify that the transactions do not directly involve a financial institution outside of the territorial jurisdiction of the U.S. at any point in the process. To revoke a payment, I must contact the PA Department of Revenue by email to ra-achrevok@pa.gov or fax at 717-772-8310 no later than two business days prior to the debit date. I also authorize the financial institutions involved in the processing of the electronic payment of withholding to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If I have a balance-due return, I understand if the PA Department of Revenue does not receive full and timely payment of my withholding liability, I will remain liable for the withholding liability and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my federal return, I understand my state return will be rejected. If my return is rejected or if any other delay in filing occurs, I understand I will remain liable for all applicable interest and penalties. I have selected a federal self-selected PIN as my signature for the entity's electronic return and, if applicable, the entity's consent to electronic funds withdrawal.

**General partner, limited liability company member, S corporation officer, authorized partner or representative's
federal self-select PIN. Check one box only.**

☒ I authorize **Donald S. Bicking & Associates, PC** to enter my federal self-selected PIN **12345** as my signature on the entity's 2018 electronically filed return. ERO firm name Do not enter all zeros.

☐ As a general partner, limited liability company member, S corporation officer, authorized partner or representative of the entity, I will enter my federal self-selected PIN as my signature on the entity's 2018 electronically filed return.

Authorized Signature

Donald S. Bicking

Date Title
09/16/19 Owner

Social Security Number
046-54-8298

Address
4919 Knox Street

City
Philadelphia

State ZIP Code
PA 19144

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit e-File Identification Number followed by your five-digit federal self-selected PIN.

20919102267

Do not enter all zeros.

I certify the above numeric entry is my federal self-selected PIN, which is my signature on the 2018 electronically filed return for the entity indicated above.
I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.
I certify that the financial institution for the withdrawal of funds is within the territorial jurisdiction of the U.S.

ERO's Signature

Date **09/16/19**

The ERO must retain this form and supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED.

City of Philadelphia
e-file Signature Authorization
) Do not send to the City of Philadelphia.
 LIFE • LIBERTY • AND YOU™

2018

Taxpayer's Name

Connect A Care Network

SSN/EIN

46-3266639

Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole Dollars Only)

Business Income & Receipts Tax

1	Tax Due for the 2018 Business Income & Receipts Tax (Form 2018 BIRT, Line 3)	1	18927
2	MANDATORY 2019 BIRT Estimated Payment (Form 2018 BIRT, Line 4)	2	18927
3	Total Due by 4/15/2019 (Line 3 plus Line 4)	3	37854

Net Profits Tax

Total Due by 4/15/2019 (Form 2018 NPT, Line 11)	NPT
---	-----

School Income Tax

Total Due by 4/15/2019 (Form 2018 SIT, Line 12)	SIT
---	-----

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my electronic tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the City of Philadelphia and to receive from the City of Philadelphia an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. If applicable, I authorize the City of Philadelphia and its designated financial agent to initiate an electronic funds withdrawal (direct debit) to the financial institution account indicated in the tax preparation software for payment of my City taxes owed on this return and/or payment of estimated tax, and the financial institution to debit the entry to this account. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic tax return and, if applicable, my electronic funds withdrawal consent.

Taxpayer's Personal Identification Number (PIN): (check one box only)

☒ I authorize Donald S. Bicking & Associates, PC to enter my PIN 12345 as my signature on my tax year 2018 electronically filed tax return.
☐ I will enter my PIN as my signature on my tax year 2018 electronically filed tax return.

Signature _____ Date 09/16/19

Practitioner PIN Method Returns Only — continue below

Part III	Certification and Authentication—Practitioner PIN Method Only
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ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

20919102267

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2018 electronically filed tax return for the taxpayer indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature Bernie Bicking Date _____

ERO must retain this form and the supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE CITY OF PHILADELPHIA.

Donald S. Bicking & Associates, PC
800 Kings Hwy N Suite 201
Cherry Hill, NJ 08034-1917
856-354-6110

September 16, 2019

Connect A Care Network
4919 Knox Street
Philadelphia, PA 19144

Dear Ms Pettway:

Thank you for selecting Donald S. Bicking & Associates to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your 2018 federal and all state and local income tax returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks, and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns.

We must use our judgement in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In order to avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures on your returns.

Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions," that is, certain arrangement(s) the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

We will retain copies of records you supplied to us along with our work papers for your engagement for a period of seven years. After seven years, our work papers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

Our fee for preparation of your tax returns will be approximately \$1,445. All invoices are due and payable upon presentation. Tax returns will not be electronically filed until the invoice is paid, and to the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days. To the extent that we incur costs in collecting any sums due to us, you agree to be responsible for such costs, including reasonable attorneys' fees.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign below in the space indicated.

We appreciate your confidence in us. Please let us know if you have any questions.

Sincerely,

Donald S. Bicking & Associates, PC

I/We authorize Donald S. Bicking & Associates, PC to use the information I/we provide to Donald S. Bicking & Associates, PC during the preparation of the tax returns and for use of Tax Information for the client relation of the office.

Accepted By (sign here):

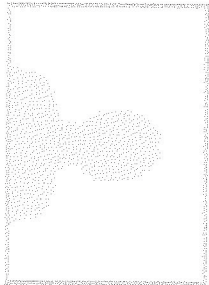
A handwritten signature in dark ink, appearing to read "Dennis P. Huns", is written over a horizontal line.

Date: September 16, 2019

Signature Certificate

Document Reference: MYSBZ5JT84NYTVWMMT5YND

RightSignature
Easy Online Document Signing



Bennie Peltway

Party ID: ATMUXNJJ7YK4CFXTNZ9X4W
IP Address: 174.200.1.47

VERIFIED EMAIL: benniepelway@yahoo.com

RightSignature

Bennie Peltway

Multi-Factor
Digital Fingerprint Checksum

d3a557f84bcf71bb7583b80e04e0f8e9d19bfe46



Timestamp	Audit
2019-09-16 13:35:55 -0700	All parties have signed document. Signed copies sent to: Bennie Peltway and Emily.
2019-09-16 13:35:54 -0700	Document signed by Bennie Peltway (benniepelway@yahoo.com) with drawn signature. - 174.200.1.47
2019-09-16 13:27:24 -0700	Document viewed by Bennie Peltway (benniepelway@yahoo.com). - 174.200.1.47
2019-09-16 07:20:06 -0700	Document created by Emily (ehoffman@bickingcpa.com). - 199.87.165.66



This signature page provides a record of the online activity executing this contract.